

**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
PROGRAM EVALUATION  
The Behavioral Health Response to Disasters**

**ASNA NO: 5-91.125    ABN PROVIDER NUMBER: ABNPO387    DATE: August 24, 2004**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Please check one:      ☐ Nurse      ☐ Social Worker      ☐ Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Shade in the circle under the number you think best evaluates this educational offering:    5 - Very useful    4 - Slightly useful    3 - Average    2 - Not useful    1 - Unacceptable

**Teaching effectiveness of presenter(s):**

	5	4	3	2	1
April J. Naturale, LCSW, ACSW, LNHA .....	○	○	○	○	○

**Course Content Objectives:**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Define the tasks and responsibilities of the individuals in the various roles within the Incident Command System (ICS) .....           | ○ | ○ | ○ | ○ | ○ |
| 2. Identify where mental health and substance abuse services fit within the external ICS in an emergency .....                            | ○ | ○ | ○ | ○ | ○ |
| 3. Understand the potential roles that participants may play via their behavioral health organization<br>in the event of a disaster ..... | ○ | ○ | ○ | ○ | ○ |
| 4. Discuss the goals of crisis counseling, public education and training as a part of a disaster response .....                           | ○ | ○ | ○ | ○ | ○ |
| 5. List three normal reactions of adults and children in the aftermath of a disaster .....  | ○ | ○ | ○ | ○ | ○ |

List one thing you will do differently as a result of this training: \_\_\_\_\_

Other education programs you would be interested in attending: \_\_\_\_\_

I attest that I viewed at least 85% of this program: Participant's Signature: \_\_\_\_\_ Date viewed: \_\_\_\_\_

☐ **No CEU's Requested**, mail completed form to: Alabama Department of Public Health; Office of Professional and Support Services, Attention: Training Coordinator;  
PO Box 303017, Suite 1010; Montgomery, Alabama 36130-3017.

**OUT OF STATE PARTICIPANTS:**

**NOTE: IF CEU'S ARE REQUESTED (NURSES & SOCIAL WORKERS):** include \$20 per person (check payable to: Alabama Department of Public Health), **within 3 working days**, fax (334-206-5640) or mail completed form to:  
Alabama Department of Public Health; Video Communications, PO Box 303017, Suite 940; Montgomery, Alabama 36130-3017.

☐ Check included    ☐ Check will follow    ☐ Please invoice    **Certificate will not be provided until we receive evaluation form.**    IRS Tax ID No. 63-1106545